

CIVIL COMPLAINT FORM TO BE USED BY A *PRO SE* PRISONER**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

William Johnson	JD5940	:	
Full Name of Plaintiff	Inmate Number	:	
		:	Civil No. _____
v.		:	(to be filled in by the Clerk's Office)
Dr. Vernon Preston		:	
Name of Defendant 1		:	<input checked="" type="checkbox"/> Demand for Jury Trial
		:	<input type="checkbox"/> No Jury Trial Demand
Correct Care Solutions, LLP		:	
Name of Defendant 2		:	
Richard Ellers		:	
Name of Defendant 3		:	
Captain VanGorder (first name not known)		:	
Name of Defendant 4		:	
Dr. Fisher (first name not known)		:	
Name of Defendant 5		:	
(Print the names of all defendants. If the names of all		:	
defendants do not fit in this space, you may attach		:	
additional pages. Do not include addresses in this		:	
section).		:	

FILED
HARRISBURG, PA
MAR 21 2022
PER OS
DEPUTY CLERK

I. NATURE OF COMPLAINT

Indicate below the federal legal basis for your claim, if known.

- X Civil Rights Action under 42 U.S.C. § 1983 (state, county, or municipal defendants)
- _____ Civil Rights Action under Bivens v. Six Unknown Federal Narcotics Agents, 403 U.S. 388 (1971) (federal defendants)
- _____ Negligence Action under the Federal Tort Claims Act (FTCA), 28 U.S.C. § 1346, against the United States

II. ADDRESSES AND INFORMATION

A. PLAINTIFF

Johnson, William

Name (Last, First, MI)

JD5940

Inmate Number

SCI Rockview

Place of Confinement

1 Rockview Place

Address

Bellefonte, PA 16823

City, County, State, Zip Code

Indicate whether you are a prisoner or other confined person as follows:

- ☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
☒ Convicted and sentenced state prisoner
☐ Convicted and sentenced federal prisoner

B. DEFENDANT(S)

Provide the information below for each defendant. Attach additional pages if needed.

Make sure that the defendant(s) listed below are identical to those contained in the caption. If incorrect information is provided, it could result in the delay or prevention of service of the complaint.

Defendant 1:

Dr. Vernon Preston

Name (Last, First)

Chief Medical Officer

Current Job Title

SCI Rockview

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 2:

Correct Care Solutions, LLP

Name (Last, First)

N/A

Current Job Title

SCI Rockview

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 3:

Richard Ellers

Name (Last, First)

Health Care Administrator

Current Job Title

SCI Rockview

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 4:

Captain VanGorder

Name (Last, First)

VanGorder (first name not known)

Current Job Title

SCI Rockview

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

Defendant 5:

Dr. Fisher

Name (Last, First)

Fisher (first name not known)

Current Job Title

Medical doctor at SCI Rockview

Current Work Address

Bellefonte, PA 16823

City, County, State, Zip Code

III. STATEMENT OF FACTS

State only the facts of your claim below. Include all the facts you consider important. Attach additional pages if needed.

A. Describe where and when the events giving rise to your claim(s) arose.

SCI Rockview; for the period March, 2020 to present

B. On what date did the events giving rise to your claim(s) occur?

Starting March 20, 2022 and continuing to the current date

C. What are the facts underlying your claim(s)? (For example: What happened to you?
Who did what?)

In March 2020 plaintiff injured himself, tearing the bicep tendons in both arms while doing pull-ups.

He sought medical care, but for over 30 days was only provided pain medication and advised that diagnostic measures would be taken at some point. Due to the deliberate indifference of the defendants Preston, Ellers and Correct Care Solutions, and even after the filing of a grievance, plaintiff was not provided necessary medical care for the diagnosis, treatment, and repair of the injuries to his arms. The delay in diagnosis and treatment caused the tendons to atrophy and required reconstructive surgery that included removal of his tendons and replacement by artificial tendons. After separate surgeries of his arms, plaintiff was denied proper and necessary medical care on his return to SCI Rockview and was not housed in the infirmary but was placed in a housing area not suitable for recovery from serious surgery, due in part to its filthy condition. Further, the defendants failed to provide the prescribed post-surgical care and treatment causing pain, swelling, and lack of range of movement in the arms. When plaintiff filed grievances on these matters, defendants retaliated against him by engaging in and ignoring a pattern of cell shakedowns, confiscation of legal mail, and denial of basic hygiene and other needs in his housing area.

IV. LEGAL CLAIM(S)

You are not required to make legal argument or cite any cases or statutes. However, state what constitutional rights, statutes, or laws you believe were violated by the above actions. If you intend to assert multiple claims, number and set forth each claim in separate paragraphs. Attach additional pages if needed.

1. Eighth Amendment claim for deliberate indifference to serious medical condition, delayed diagnosis and treatment and failure to properly provide post-surgery care and treatment.
2. Eighth Amendment claim for failure to properly supervise and train medical staff at SCI Rockview.
3. First and Eighth Amendment claims for retribution for plaintiff's grievances and complaints regarding medical care.
4. State law negligence and medical malpractice claims.

V. INJURY

Describe with specificity what injury, harm, or damages you suffered because of the events described above.

As a result of the denial of necessary medical care following the injuries to plaintiff, following both surgeries on his arms, and the retaliation for filing complaints and grievances, plaintiff suffered severe physical pain, permanent loss of movement and strength in his arms, and emotional pain and suffering,

VI. RELIEF

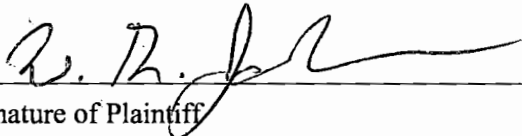
State exactly what you want the court to do for you. For example, you may be seeking money damages, you may want the court to order a defendant to do something or stop doing something, or you may be seeking both types of relief. If you are seeking monetary relief, state your request generally. Do not request a specific amount of money.

Monetary relief for the physical and emotional pain and suffering, past, present and future.

VII. SIGNATURE

By signing this complaint, you represent to the court that the facts alleged are true to the best of your knowledge and are supported by evidence, that those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

Local Rule of Court 83.18 requires *pro se* plaintiffs to keep the court informed of their current address. If your address changes while your lawsuit is being litigated, you must immediately inform the court of the change in writing. By signing and submitting the complaint form, you agree to provide the Clerk's Office with any changes to your address where case-related papers may be served, and you acknowledge that your failure to keep a current address on file with the Clerk's Office may result in dismissal of your case.



Signature of Plaintiff

3-15-22

Date

Dear, Clerk of Courts

Given today's time an advents in today's world, I really hope that you and your family are ok and doing well in those crazy times, but I really hope that you can file this complaint for me.

Once again I hope that you and yours are fine, and thank you for your time and help in this matter.

Sincerely

E. R. [Signature]

FILED
HARRISBURG, PA

MAR 21 2022

PER *AS*
DEPUTY CLERK

William R. Johnson

JD 5940

C.T. Rockview

P.O. Box A

Hellefonte, PA 16823-0820

PA DE
CORRI

RECEIVED
HARRISBURG, PA

MAR 21 2022

PER _____
DEPUTY CLERK

United States District Court
228 Walnut Street,
P.O. Box 983
Harrisburg, PA 17108